

Images of an occlusive arterial disease of lower extremity due to chronic intoxication by ergot alkaloid

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We report a case of a 52-year-old woman with no previous vascular disease and no vascular risk factor. She developed in a few weeks a progressive occlusive arterial disease of lower limbs Leriche-Fontaine (stage IIB). Anamnesis revealed the introduction of methysergide, an ergot alkaloid, 30 months earlier for migraine attack prevention. The computed tomography angiography (A and B) showed a long stenosis of the right external iliac artery (70%) and a short stenosis (70%-80%) of the left external iliac artery. All other investigations found no inflammatory disease or argument for atheromatous disease.

We decided to exclude methysergide, to introduce clopidogrel, and to prescribe zolmitriptan for migraine attacks. Under this treatment, symptoms gradually decreased and disappeared in 4 months, with a follow-up of 24 months. The control computed tomography angiography (C and D) showed a restitutio ad integrum of the 2 iliac arteries.

Arterial spasm is a recognized complication of ergot alkaloids. This can affect various arteries: cerebral, coronary, mesenteric, and arteries in both extremities.¹⁻³ Episodes of toxicity referred to as St. Anthony's fire related to ergot intoxication have been described since the middle ages.¹ Furthermore, the knowledge of previous treatment by ergot alkaloids is the key point to avoid in stenting of these normal arteries.

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